

## **Application Form**

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to Sunnyside Grill or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, he/she should complete a separate application form and hand it in along with yours. Thank you again for your interest in Sunnyside Grill.

Please fill out the online form or E-mail, Mail, Fax or deliver to:

Sunnyside Grill 2 Jane Street, Suite #202 Toronto, ON M6S 4W3

Telephone: (416) 604-0650 Fax: (416) 604-8632

E-mail: franchise@sunnysidegrill.com

## **About Yourself**

FULL NAME				
HOME ADDRESS				
			POSTAL CODE	
PREVIOUS ADDRESS (if less than 3 years)				
HOME PHONE	_ May we contact you here? \	Yes No		
BUSINESS PHONE	_ May we contact you here? \	Yes No		
BUSINESS FAX	_ May we contact you here? \	Yes No		
DATE OF BIRTH	CITIZENSHIP		SIN	
LAST EDUCATIONAL INSTITUTION ATTENDED		DEGREE RECEIVED		
Will there be any other active partners in this business? Yes No				
NAME OF PARTNER (1)				
NAME OF PARTNER (2)				
NAME OF PARTNER (3)				
PLEASE NOTE: If you do have a partner, a separate application form will be needed to be submitted.				
How did you become interested in the Sunnyside Grill franchise?				
You're a regular customer	(Specify Location)		_	
Existing franchisee	(Specify name/location)		_	
Other	(Specify)		_	

## **Employment History**

## **Previous Employer**

May we contact your previous employer? Yes	No	
EMPLOYED FROM	_ то	-
POSITION	SALARY	_
DUTIES/RESPONSIBILITIES		
COMPANY	TELEPHONE	SUPERVISOR
Other Information		
Have you ever been self-employed? Yes	No	
IF YES, WHAT TYPE OF BUSINESS?		
Have you or any company you've owned ever deco	alred bankruptcy? Yes No	
Have you ever been involved in any type of civil lit	igation or criminal offence? Yes No	
If yes for either of the above 2 questions, please pr	rovide details:	
From a business perspective what would you say a	are your greatest:	
	, ,	
	nterests	
Your Interests & Com	mitment	
Please specify which geographic areas you are into	erested in by order of preference:	
1		-
2		-
3		-
What are your expectations by owning a Sunnysid	e Grill franchise?	
What annual income after expenses do you hope	to generate from your business?	
How much time will you spend at your franchise?	Full-Time Part-Time	

2

No

Will friends, family or associates be helping you?					
If so, who are they?					
How will they help?					
Your Abilities					
Why do you think you will succeed as a Sunnyside	e Grill franchisee?				
Why are you interested a Sunnyside Grill franchise	2?				
Character than the control of the co					
Given that the success or failure of your business i	Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business?				
Please provide an example where you have hired.	, trained and/or motivated staff or why you believe you will be a strong manager of people:				
The same of the sa					
Financials					
Assets	Liabilities				
CASH	BANK LOAN				
SECURITIES	ACCOUNTS PAYABLE				
RRSP's	HOME MORTGAGE				
ACCOUNTS RECEIVABLE	CREDIT CARD BALANCE				
HOME (market value)	OTHER REAL ESTATE LOANS				
OTHER REAL ESTATE	OTHER LIABILITIES				
OTHER ASSETS (please specify)					
VALUE OF BUSINESS (please specify)					

TOTAL ASSETS \_\_\_\_\_ TOTAL LIABILITIES \_\_\_\_\_

Credit card(s) or margin of credit held ar	nd limit(s):	
CREDIT (1)	LIMIT	
CREDIT (2)	LIMIT	
CREDIT (3)	LIMIT	
Current net	Current net	
montly income	montly expenses	
SALARY	RENT/MORTGAGE	
SPOUSE'S SALARY	ULTILITIES	
OTHER INCOME	CAR EXPENSES	
	RRSP	
	OTHER	
TOTAL MONTHLY INCOME	TOTAL MONTHLY EXPENSES	
Which specific assets do you intend to u	ise to meet the cash requirements?	
(1)	(2)	
(3)	(4)	
Other Comments		
Financial References		
(1) NAME	COMPANY	
TELEPHONE	RELATIONSHIP	
(2) NAME	COMPANY	
TELEPHONE	RELATIONSHIP	
Other References		
(1) NAME	COMPANY	
TELEPHONE	RELATIONSHIP	
(2) NAME	COMPANY	
TELEPHONE	RELATIONSHIP	

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Sunnyside Grill or its affiliates of agents to conduct any necessary credit checks and hereby waive my right conferred upon me by the stature or otherwise regarding any disclosures obtained by Sunnyside Grill or it's affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate terminations of any subsequent agreement reached between myself and Sunnyside Grill.

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The submission of this application does not obliga	ate me or Sunnyside Grill in any way or manner.
DATE	SIGNATURE
	PRINT NAME
	on-Disclosure Agreement  ned pertinent confidential and proprietary documents and information relating to Sunnyside Grill.
The undersigned agrees that this and any subsequ	uent information received will be held in the strictest confidence and only used for the sole intention of
evaluating a Sunnyside Grill outlet for the purpose	e of negotiating a Sunnyside Grill Franchise. The undersigned further agrees this information shall only be made nd then only under the terms and conditions that are set forth herein.
In the event that it is determined that there is no i returned to Sunnyside Grill.	nterest in negotiating the acquisition of a Sunnyside Grill, all documents and information provided shall be
SIGNATURE	_ DATE
PRINT NAME	
ADDRESS	_
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